

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000194

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 11 1963

Primary Registration District No. 403.8

Registrar's No. 8

STATE FILE NUMBER

VS 300
Rev. 4/59

10080

28150

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) WARSAW		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b. 3 yrs.		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Osborne Rest Home		d. STREET ADDRESS (If outside, give location) 1642 S 29th Argentine	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EMMETT DAUGHERTY		4. DATE OF DEATH Month Feb Day 2 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 17, 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Bany Co. mo	
11. BIRTHPLACE (City and state or country) U.S.A		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Henry Daugherty		13b. MOTHER'S MAIDEN NAME Mary Jones	
14. NAME OF HUSBAND OR WIFE deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NO		17. INFORMANT Emmett Daugherty Jr. 7341 Cherokee Kansas City, Kansas	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPSIS DUE TO (b) PRIMARY ATYPICAL PNEUMONIA DUE TO (c) INFLUENZA.		INTERVAL BETWEEN ONSET AND DEATH 1 WEEK 4 DAYS 1 WEEK	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION WARSAW, MO.		
21. I attended the deceased from JAN. 31, 1963 to FEB. 2, 1963		last saw her alive on FEB. 1, 1963	
Death occurred at 10:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gusschall DO		22b. ADDRESS WARSAW, MO.	
22c. DATE SIGNED 2-2-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb 3, 1963	23c. NAME OF CEMETERY OR CREMATORY Kansas City, Kansas	23d. LOCATION (City, town, or county) (State) Kansas City - Wyandotte, Kansas
24. FUNERAL DIRECTOR John F. Reser	ADDRESS Warsaw	25. DATE RECD. BY LOCAL REG. Feb 3 - 1963	26. REGISTRAR'S SIGNATURE Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

FEB 14 1963

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STATEMENT BY LICENSED EMBALMER

2-12

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.